PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to ction of information unless it displays a valid OMB control number. **Application Number** 10/820,932 TRANSMITTAL Filing Date April 8, 2004 First Named Inventor **FORM** FIELDS, Samuel S. Art Unit 3632 **Examiner Name** Chan, Ko Hung (to be used for all correspondence after initial filing) Attorney Docket Number 41615-0003 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Ruden, McClosky, Smith, Schuster & Russell, P.A. Signature Printed name Stanley A. Kim, Ph.D., Esq. Date Reg. No. August 4, 2005 42,730 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date

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Stanley A. Kim, Ph.D., Esq.

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|---|-------------------|
| Application Number | 10/820,932 |
| Filing Date | April 8, 2004 |
| First Named Inventor | FIELDS, Samuel S. |
| Art Unit | 3632 |
| Examiner Name | Chan, Ko Hung |
| Attorney Docket Number | 41615-0003 |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | |
|---|---|--|
| A Power of Attorney is submitted herewith. | | |
| OR ✓ I hereby appoint | the practitioners associated with the Customer Number: 43,463 | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 43,463 | | |
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| Telephone | Email | |
| I am the: Applicant/Inventor. | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | |
| 2. | SIGNATURE of Applicant or Assignee of Record | |
| Signature | | |
| Name Samuel S. Fi | | |
| Date July 25, | Telephone 954-583-4738 | |
| NOTE: Signatures of all the inver signature is required, see below*. | ntors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | |
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